

EXHIBIT S

T

NE-O-10

Page No. 69
06/12/95

ID NE-O-10

DATE	TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
04/25/94	W	00075135001	HP ACTHAR GEL 80 USP 5 ML	N	5.00	32.22
04/25/94	W	00517040125	ATROPINE SULFATE .4MG 1ML VIAL	N	25.00	5.35
04/25/94	W	00472001699	AUROTO OTIC SOLUTION	N	15.00	1.35
04/25/94	W	51079060520	CEPHALEXIN 500 MG	N	100.00	19.45
04/25/94	W	00081019892	CORTISPORIN OTIC SUSPENSION (POLYMYXIN B	I	10.00	14.42
04/25/94	W	00054817425	DEXAMETHA 1.0MG TAB 1C	N	100.00	18.99
04/25/94	W	00007365021	DIAZIDE	I	100.00	33.22
04/25/94	W	00548201600	EPINEPHRINE INJECTION USP 1:10,000	N	25.00	32.16
04/25/94	W	00517560125	HYDROXYZINE HCL 50MG 1ML VIAL	N	25.00	5.61
04/25/94	W	00009005604	MEDROL 4 MG CT	I	21.00	9.31
04/25/94	W	00641149535	PROMETHAZINE HYDROCHLORIDE INJECTION USP	N	25.00	9.39
T T T						INVOICE TOTAL 181.47 ✓

03/31/94	M	00074158603	5% SODIUM CHL INJ	N	500.00 12.00	15.06
03/31/94	M	00074797408	GLYCINE 3000ML	N	3000.00 4.00	34.21
03/31/94	M	00074797307	WATER 2000ML FLEX	N	2000.00 6.00	32.03
03/31/94	M	00074797208	SOD CHL IRRG FLEX	N	3000.00 4.00	26.72
03/31/94	M	00074798437	SODIUM CHL 0.9% INJ LIFECARE 100MLFILL	N	80.00	135.31
03/31/94	M	00074798302	0.9% SOD CHL LC	N	150.00 24.00	17.27
03/31/94	M	00074798309	0.9% SOD CHL LC	N	1.00 12.00	14.26
03/31/94	M	00074798509	0.45% SOD CHL LC	N	1.00 12.00	15.25
03/31/94	M	00074792609	5% DEX-1/2 SOD LC	N	1.00 12.00	17.08
03/31/94	M	00074790209	DEX SOD 20MEQ KCL	N	1.00 12.00	22.67
03/31/94	M	00074794109	5% DEX .9% SOD LC	N	1.00 12.00	17.40
03/31/94	M	00074792209	5% DEXTROSE LC	N	1.00 12.00	16.01
03/31/94	M	00074792202	5% DEXTROSE LC	N	1.00 24.00	17.84
03/31/94	M	00074792909	5% DEX AND LRS LC	N	1.00 12.00	19.22
03/31/94	M	00074795309	LACTATED RINGERS	N	1.00 12.00	17.48
03/31/94	M	00074796509	NORMOSOL-M DEX LC	N	1.00 12.00	26.28
03/31/94	M	00074159002	STERILE WATER INJ	N	250.00 12.00	11.94
03/31/94	M	00074793132	LIDOCN 0.4% 250ML	N	250.00 12.00	94.14
T T T						INVOICE TOTAL 550.17 ✓
						PHARMACY TOTAL 731.64 ✓

T- Traced to invoice and each ID number, date, invoice type, drug name and quantity was correct unless changed. 6-14-95 CBS

✓ - Verified math accuracy of invoice total and amounts agreed.
4 6-14-95 CBS

6-15-95 CBS

Enclosure C

Confidential

Pharmacy Information Form

Pharmacy Name: Box Bulk General Hospital

Address: 2101 Box Bulk Ave

Allamore, Ne 69301

Phone Number: (308) 762- 3327

Contact Person: Sue Boile, R.R.

Type of Pharmacy
(Check Appropriate Block(s))

Independent Retail Pharmacy ☐

Chain (four or more stores) Pharmacy ☐

Other:

Nursing Home Pharmacy ☐

Hospital Outpatient Pharmacy ☐

Home I.V. Pharmacy ☐

Mail Order Pharmacy ☐

County Public Health Unit Pharmacy ☐

Public Health Entity ☐

Inpatient Hospital Pharmacy X



ABF

COLO

Add a "0" to
all NDC's

B

5 H033194 HOSPITAL PRODUCTS DIVISION

DUPLICATE

ABBOTT LABORATORIES

PAGE 1

THANK YOU FOR YOUR ORDER

FARMERS BRANCH TX 75244

INVOICE DATE INVOI

03/31/94 643

CUSTOMER NO.

1475042

S
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D
T
OBOX BUTTE GEN HOSP/PHCY
OWEN HLTHCR 4704/BX 810
2101 BOX BUTTE AVENUE
ALLIANCE NE 69301

NET 30

PLEASE USE YOUR CUSTOMER
NUMBER WHEN REORDERING

REFERENCE NO.

74782852-01A

ISSUE DATE

03/31/94

SHIP LOC.

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S
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CUSTOMER NO.

14750426

CLASS

M026

ORD. LOC.

DAL

DEA REG. NO.

AB7062146

ORDER DATE

03/31/94 1B

M.C.

TERRITORY

MBU03

BOX BUTTE GEN HOSP/PHCY
OWEN HLTHCR 4704/BX 810
2101 BOX BUTTE AVENUE
ALLIANCE NE 69301

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	UNIT PRICE	M	EXTENSION
1		1	12/500	0074- 1586-03	03	5% SODIUM CHL INJ		F295173265BE		15.060		15.06
			C 1	84511DM								
2		2	4/3000	0074- 7974-08	08	GLYCINE 3000ML		F295173265BE		34.210		68.42
			C 2	86023JT								
3		1	6/2000	0074- 7973-07	07	WATER 2000ML FLEX		F295173265BE		32.030		32.03
			C 1	82611JT								
4		2	4/3000	0074- 7972-08	08	SOD CHL IRRG FLEX		F295173265BE		26.720		53.44
			C 2	85248JT								
5		1	CS/80	0074- 7984-37	37	0.9% SODCHL 100ML		F295173265BE		135.310		135.31
			C 1	86908JT								
6		1	24/250	0074- 7983-02	62	0.9% SOD CHL LC		F295173265BE		17.270		17.27
			C 1	86930JT								
7		1	12/1M	0074- 7983-09	39	0.9% SOD CHL LC		F295173265BE		14.260		14.26
			C 1	85290JT								
8		1	12/1M	0074- 7985-09	39	0.45% SOD CHL LC		F295173265BE		15.250		15.25
			C 1	86002JT								
9		2	12/1M	0074- 7926-09	39	5% DEX-1/2 SOD LC		F295173265BE		17.080		34.16
			C 2	86988JT								
10		1	12/1M	0074- 7902-09	39	DEX SOD 20MEQ KCL		F295173265BE		22.670		22.67
			C 1	86974JT								
11		1	12/1M	0074- 7941-09	39	5% DEX .9% SOD LC		F295173265BE		17.400		17.40
			C 1	85291JT								
12		1	12/1M	0074- 7922-09	39	5% DEXTROSE LC		F295173265BE		16.010		16.01
			C 1	85309JT								
13		1	24/250	0074- 7922-02	62	5% DEXTROSE LC		F295173265BE		17.840		17.84

ies, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded
of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning
ate or municipal law in which the definitions of adulteration and misbranding are substantially the same as those
al Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles
provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate
es certifies that the products covered by this invoice have been produced in compliance with the applicable
Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT
PAYMENT TO:

1022

ABBOTT LABORATORIES

P.O. BOX 92679

CHICAGO, IL 60675-2679



PRINTED ON RECYCLED PAPER

HH015-1497

**ABBOTT LABORATORIES**

Health Care World Wide
 COLORADO WHOLESALE LICENSE NO. W-35 H033194
 FEDERAL I.D. NO. 36-069-8440

THANK YOU FOR YOUR ORDER

HOSPITAL PRODUCTS DIVISION
 ABBOTT LABORATORIES

DUPLICATE

PAGE 1

FARMERS BRANCH TX 75244

INVOICE DATE	INVOICE NUMBER	T.C.	TERMS	PURCHASE ORDER NO.	ORD. LOC.	ORDER DATE	M. C.
03/31/94	64301715	04	1% 15 DAYS NET 30	033194	DAL	03/31/94	1B

CUSTOMER NO.	CLASS	DEA REG. NO.	PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING	CUSTOMER NO.	CLASS	DEA REG. NO.	TERRITORY
14750426	M026	AB7062146		14750426	M026	AB7062146	MBU03

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BOX BUTTE GEN HOSP/PHCY
 OWEN HLTHCR 4704/BX 810
 2101 BOX BUTTE AVENUE
 ALLIANCE NE 69301

REFERENCE NO.

74782852-01A

ISSUE DATE

03/31/94

SHIPLOC.

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BOX BUTTE GEN HOSP/PHCY
 OWEN HLTHCR 4704/BX 810
 2101 BOX BUTTE AVENUE
 ALLIANCE NE 69301

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	UNIT PRICE	M	EXTENSION
1		1	12/500 C 1	0074- 1586-03 84511DM	03	5% SODIUM CHL INJ		F295173265BE		15.060		15.06
2		2	4/3000 C 2	0074- 7974-08 86023JT	08	GLYCINE 3000ML		F295173265BE		34.210		68.42
3		1	6/2000 C 1	0074- 7973-07 82611JT	07	WATER 2000ML FLEX		F295173265BE		32.030		32.03
4		2	4/3000 C 2	0074- 7972-08 85248JT	08	SOD CHL IRRG FLEX		F295173265BE		26.720		53.44
5		1	CS/80 C 1	0074- 7984-37 86908JT	37	0.9% SODCHL 100ML		F295173265BE		135.310		135.31
6		1	24/250 C 1	0074- 7983-02 86930JT	62	0.9% SOD CHL LC		F295173265BE		17.270		17.27
7		1	12/1M C 1	0074- 7983-09 85290JT	39	0.9% SOD CHL LC		F295173265BE		14.260		14.26
8		1	12/1M C 1	0074- 7985-09 86002JT	39	0.45% SOD CHL LC		F295173265BE		15.250		15.25
9		2	12/1M C 2	0074- 7926-09 86988JT	39	5% DEX-1/2 SOD LC		F295173265BE		17.080		34.16
10		1	12/1M C 1	0074- 7902-09 86974JT	39	DEX SOD 20MEQ KCL		F295173265BE		22.670		22.67
11		1	12/1M C 1	0074- 7941-09 85291JT	39	5% DEX .9% SOD LC		F295173265BE		17.400		17.40
12		1	12/1M C 1	0074- 7922-09 85309JT	39	5% DEXTROSE LC		F295173265BE		16.010		16.01
13		1	24/250	0074- 7922-02	62	5% DEXTROSE LC		F295173265BE		17.840		17.84

Abbott Laboratories, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded under the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of any state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those of the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which, in violation of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, are introduced into interstate commerce. This invoice certifies that the products covered by this invoice have been produced in compliance with the applicable Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT
 PAYMENT TO:

1122C

ABBOTT LABORATORIES
 P.O. BOX 92679

CHICAGO, IL 60675-2679



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HHD015-1498


ABBOTT LABORATORIES

Health Care World Wide
 COLORADO WHOLESALE LICENSE NO. W-35 H033194
 FEDERAL I.D. NO. 36-069-8440

HOSPITAL PRODUCTS DIVISION
ABBOTT LABORATORIES
DUPLICATE

PAGE 2

THANK YOU FOR YOUR ORDER
FARMERS BRANCH TX 75244
END

INVOICE DATE 03/31/94	INVOICE NUMBER 64301715	T.C. 04	TERMS 1% 15 DAYS NET 30	PURCHASE ORDER NO. 033194	ORD. LOC. DAL	ORDER DATE 03/31/94	M.C. 1B
CUSTOMER NO. 14750426		CLASS M026	DEA REG. NO. AB7062146	CUSTOMER NO. 14750426		CLASS M026	DEA REG. NO. AB7062146
SOLD TO BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301		PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING REFERENCE NO. 74782852-01A ISSUE DATE 03/31/94 SHIP LOC. AUC		SOLD TO BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301		TERRITORY MBU03	

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	UNIT PRICE	M	EXTENSION
14		2	C 12/1M	86015JT 0074- 7929-09	39	5% DEX AND LRS LC		F295173265BE		19.22C		38.44
15		2	C 12/1M	86009JT 0074- 7953-09	39	LACTATED RINGERS		F295173265BE		17.48C		34.96
16		1	C 12/1M	85294JT 0074- 7965-09	39	NORMOSOL-M DEX LC		F295173265BE		26.28C		26.28
17		2	C 12/250	83929FW 0074- 1590-02	02	STERILE WATER INJ		F295173265BE		11.94C		23.88
18		1	C 3/40	84528DM 0074- 4612-04	04	EXTENT CONNECT		F295173265BE		120.35C		120.35
19		1	C 2/60	83257H1 0074- 5396-02	02	SHORT LUER MALE		F295173265BE		81.67C		81.67
21		1	C 12/250	80243H1 0074- 7931-32	32	LIDOCN 0.4% 250ML		F295173265BE		94.14C		94.14
			C 1	81157FJ								
										SUBTOTAL		878.84
										TOTAL		878.84
20		1	CS/12	0074- 7809-22	22	DOPMN 400MG 250ML		SHIP FROM FARM BR TX				
				MAUREEN 308-762-3327								
				SHIPPED VIA: NEBRASKA TRANSPTCO		NEBT						
EMS		00										

Abbott Laboratories, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded under the provisions of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of any state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those of the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which are prohibited by the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. Abbott Laboratories certifies that the products covered by this invoice have been produced in compliance with the applicable provisions of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, and regulations issued thereunder.

**PLEASE REMIT
 PAYMENT TO:**
1C2C
**ABBOTT LABORATORIES
 P.O. BOX 92679**
CHICAGO, IL 60675-2679


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HHD015-1499

T

NC-O-4

Page No. 5
05/23/95

ID NC-O-04

DATE	INV TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
07/19/94	M	00074978903	LIPOSYN II 20%	I	12.00	108.54
07/19/94	M	00074109005	AMINSYN 2 10 1000	I	6.00	56.10
07/19/94	M	00074799009	STERILE WATER LC	N	12.00	9.84
07/19/94	M	00074711807	STER WATER BULK	N	6.00	9.84
07/19/94	M	00074798309	0.9% SOD CHL LC	N	12.00	9.74
07/19/94	M	00074978603	LIPOSYN II 10%	I	12.00	59.09
07/19/94	M	00074196607	SOD CHL INJ 30ML	N	100.00	4.50
07/19/94	M	00074108803	AMINSYN 2 8.5 500	I	12.00	51.98
TT T						T
						INVOICE TOTAL 309.63 ✓
07/15/94	W	00186183935	MVI PEDICATRIC MULTIVITAMINS FOR INFUSIO	S	25.00	153.39
07/15/94	W	00469138003	PEDTRACE 4 3ML IN 6.5ML SDVIAL	N	300 25.00	33.15
07/15/94	W	39769005310	SELE-PAK 40MCG/ML	N	25.00	35.70
TT T						T
						INVOICE TOTAL 222.24 ✓
						PHARMACY TOTAL 531.87 4

T- Traced to invoice and each ID number,
date, invoice type, drug name and quantity
was correct unless changed!
5-24-95 CBY

✓- Verified math accuracy of invoices!
4- Totals and amounts agreed.
5-24-95 CBY
6-16-95 JPS



ABBOTT LABORATORIES

Health Care World Wide
COLORADO WHOLESALE LICENSE NO. W-35
FEDERAL I.D. NO. 36-069-8440

0071594

HEMOCARE DIVISION

ABBOTT LABORATORIES

STONE MOUNTAIN GA 30083

DUPLICATE

PAGE 1

END

THANK YOU FOR YOUR ORDER

INVOICE DATE 07/19/94	INVOICE NUMBER 16100949	T.C. 15	TERMS 1% 15 DAYS, NET 90 FROM DOI	PURCHASE ORDER NO. 9380	ORD. LOC. ATL	ORDER DATE 07/15/94	M.C. 18
CUSTOMER NO. 11429198		CLASS P040	DEA REG. NO.	CUSTOMER NO. 11429198	CLASS P040	DEA REG. NO.	TERRITORY AHK03
SOLD TO HEALTHINFUSION INC SUITE 200 3363 VILLAGE DRIVE FAYETTEVILLE NC 28304			PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING	SHIP TO HEALTHINFUSION INC SUITE 200 3363 VILLAGE DRIVE FAYETTEVILLE NC 28304			
			REFERENCE NO. 75229095-01A				
			ISSUE DATE 07/18/94				
			SHIP LOC. RNC				

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	EXTENSION
1		2	12/500	00074- 9789-03	03	LIPOSYN II 20%		0000125529		217.08
			C 2	89364DE						
2		3	6X1000	00074- 1090-05	05	AMINSYN 2 10 1000		0000125529		168.30
			C 3	88906DM						
4		1	12/1M	00074- 7990-09	39	STERILE WATER LC		0000125529		9.84
			C 1	88548FW						
5		3	CS/6	00074- 7118-07	07	STER WATER BULK		0000125529		29.52
			C 3	88005FJ						
6		3	12/1M	00074- 7983-09	39	0.9% SOD CHL LC		0000125529		29.22
			C 3	90719FW						
7		1	12/500	00074- 9786-03	03	LIPOSYN II 10%		0000125529		59.09
			C 1	89366DE						
8		4	PKG/25	00074- 1966-07	73	SOD CHL INJ 30ML		0000125462		18.00
			C 1	90419DK						
SUBTOTAL										531.05
TOTAL										531.05
VALERIE 910-483-6525										
SHIPPED VIA: ESTES EXPRESS LINE EXLA										
EQJ	LMB	00								

Abbott Laboratories, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those of the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. Abbott Laboratories certifies that the products covered by this invoice have been produced in compliance with the applicable Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT PAYMENT TO

28C8

ABBOTT LABORATORIES
P.O. BOX 100997

ATLANTA, GA 30384-0997

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TOPS

HHD015-1138



Health Care World Wide
 COLORADO WHOLESALE LICENSE NO. W-35
 FEDERAL I.D. NO. 36-069-8440

0071594

HOMECARE DIVISION

ABBOTT LABORATORIES

DUPLICATE

PAGE

1

SHIPPER DEA#: PA0020709

THANK YOU FOR YOUR ORDER

STONE MOUNTAIN GA 30083

END

INVOICE DATE 07/18/94	INVOICE NUMBER 37106734	T.C. 15	TERMS 1% 15 DAYS, NET 90 FROM DOI	PURCHASE ORDER NO. 9380	ORD. LOC ATL	ORDER DATE 07/15/94	M.C. 1B
CUSTOMER NO. 11429198	CLASS P040	DEA REG. NO.	PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING	CUSTOMER NO. 11429198	CLASS P040	DEA REG. NO.	TERRITORY AHK03
SOLD TO HEALTHINFUSION INC SUITE 200 3363 VILLAGE DRIVE FAYETTEVILLE NC 28304			REFERENCE NO. 75229095-02A	SHIP TO HEALTHINFUSION INC SUITE 200 3363 VILLAGE DRIVE FAYETTEVILLE NC 28304			
			ISSUE DATE 07/18/94				
			SHIP LOC ATL				
			ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL				

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	EXTENSION
3		2	12X500	00074- 1088-03	03	AMINSYN 2 8.5 500		0000125529		103.96
		C 2		87837DM						
FOLLOWING ITEM(S) SCHEDULED TO BE SHIPPED										
1		2	12/500	0074- 9789-03	03	LIPOSYN II 20X		SHIP FROM	RALEIGH NC	
2		3	6X1000	0074- 1090-05	05	AMINSYN 2 10 1000		SHIP FROM	RALEIGH NC	
4		1	12/1M	0074- 7990-09	39	STERILE WATER LC		SHIP FROM	RALEIGH NC	
5		3	CS/6	0074- 7118-07	07	STER WATER BULK		SHIP FROM	RALEIGH NC	
6		3	12/1M	0074- 7983-09	39	0.9% SOD CHL LC		SHIP FROM	RALEIGH NC	
7		1	12/500	0074- 9786-03	03	LIPOSYN II 10X		SHIP FROM	RALEIGH NC	
8		4	PKG/25	0074- 1966-07	73	SOD CHL INJ 30ML		SHIP FROM	RALEIGH NC	
VALERIE 910-483-6525										
SHIPPED VIA: UNITED PARCEL SERVICE UPSN										
EQJ	LMB	00								
SUBTOTAL										103.96
TOTAL										103.96

No packing slip available

PLEASE PERMIT
 PAYMENT TO:

28C8

ABBOTT LABORATORIES
 P.O. BOX 100997

ATLANTA, GA 30384-0997



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HHD015-1139

MEDICAL SPECIALTIES CO., INC.
58 NORFOLK AVE
SOUTH EASTON MA 02375

**DO NOT
USE**

INVOICE

FOR ALL INQUIRIES CONCERNING THIS ORDER
PLEASE CALL (508) 238-8590
FAX (508) 238-8573

INVOICE NUMBER

HE9174

919-483-6502

3010369-02

BILL TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

SHIP TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

CUSTOMER P.O. NO. AMANDA9389

3010369-02

322

07/22/94

383

AMANDA9389

07/26/94

*** UFS ONLY ***

F

1

20

16

4

DRESS SOFNIC

BX

5.57

21.28

22

22

226 X 3/4"

BA

2.25

43.50

3

3

1"

BX

13.98

41.94

1

1

1000 PVP TRIPLE

CS

60.24

60.24

CODE EXPLANATION

* - STATE TAX APPLICABLE
- FED/OTHER TAX APPLICABLE
+ - STATE & FEDERAL TAX APPL.
B - BALANCE BACK ORDERED
C - CONSIDER COMPLETE
D - DIRECT SHIPMENT
F - FACTORY MINIMUM

*** THIS IS YOUR INVOICE ***

FREIGHT IN

FREIGHT OUT

0.00

0.00

NET TERMS: INV

30

DATE: 08/25/94

SUB TOTAL 173.96

MISC. CHARGE

HANDLING FEE

FREIGHT TOTAL 0.00

FED./OTHER TAX

STATE TAX

PAYMENT REC'D. 0.00

REMIT TO

MEDICAL SPECIALTIES CO., INC.
P.O. BOX 6121
BOSTON, MA 02212-6121

TOTAL AMT DUE

MEDICAL SPECIALTIES CO., INC
58 NORFOLK AVE
SOUTH EASTON MA 02375

INVOICE

FOR ALL INQUIRIES CONCERNING THIS ORDER
PLEASE CALL (508) 238-8590
FAX (508) 238-8573

INVOICE NUMBER

HE5174

3010369-01

919-483-6502

BILL TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

SHIP TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304
AMANDA9389

CUSTOMER P.O. NO.

3010369-01	322	07/22/94	383	AMANDA9389	07/25/94
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** UPS ONLY **

RPS

P

1

1

1

40Z

171.18

18

CODE EXPLANATION

* - STATE TAX APPLICABLE
- FED./OTHER TAX APPLICABLE
+ - STATE & FEDERAL TAX APPL
B - BALANCE BACK ORDERED
C - CONSIDER COMPLETE
D - DIRECT SHIPMENT
F - FACTORY MINIMUM

*** THIS IS YOUR INVOICE ***

QUANTITY	PRICE
0.00	0.00

NET TERMS: INV

30

DUE: 08/24/94

SUB TOTAL	171.18
MISC CHARGE	
HANDLING FEE	
FREIGHT TOTAL	0.00
FED./OTHER TAX	
STATE TAX	
PAYMENT REC'D.	0.00

REMIT TO

MEDICAL SPECIALTIES CO., INC.
P.O. BOX 6121
BOSTON, MA 02212-6121

TOTAL DUE

MEDICAL SPECIALTIES CO., INC
58 NORFOLK AVE
SOUTH EASTON MA 02375

INVOICE

FOR ALL INQUIRIES CONCERNING THIS ORDER
PLEASE CALL (508) 238-8590
FAX (508) 238-8573

INVOICE NUMBER

HE5174

3010369-04

919-483 6502

BILL TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

SHIP TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304
AMANDA9389

CUSTOMER P.O. NO.

3010369-04

322-07/22/94

383

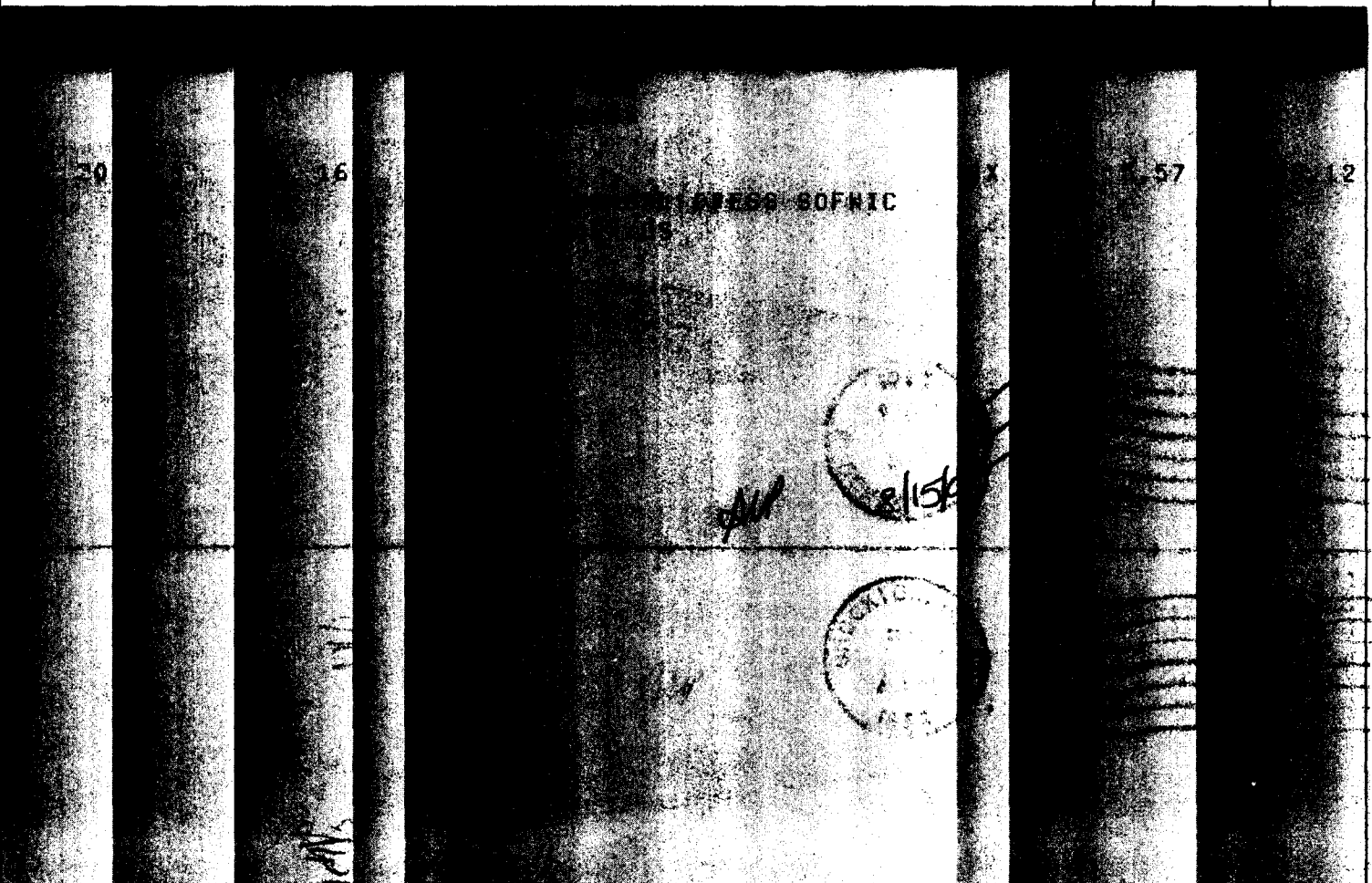
AMANDA9389

08/04/94

UFS

F

1



CODE EXPLANATION

- * - STATE TAX APPLICABLE
- # - FED/OTHER TAX APPLICABLE
- + - STATE & FEDERAL TAX APPL
- B - BALANCE BACK ORDERED
- C - CONSIDER COMPLETE
- D - DIRECT SHIPMENT
- F - FACTORY MINIMUM

*** THIS IS YOUR INVOICE ***

	WEIGHT OUT
0.00	0.00

NET TERMS: INV 30 DUE: 09/03/94

*** ORDER COMPLETED ***

SUB TOTAL

89.12

HANDLING FEE

FREIGHT TOTAL

0.00

FED/OTHER TAX

STATE TAX

PAYMENT REC'D.

0.00

REMIT TO

MEDICAL SPECIALTIES CO., INC.
P.O. BOX 6121
BOSTON, MA 02212-6121

REMITTANCE COPY

TOTAL

89.12



YOUR PARTNER IN PRODUCTIVITY

BBC RALEIGH DIVISION
8605 EBENEZER CHURCH ROAD
RALEIGH NC 27613
- DEA# RD0185187

PLEASE REMIT TO:

BERGEN BRUNSWIG CORP.

P O BOX 31187
RALEIGH NC 27622

S HEALTH INFUSION 51
H TRACY BROWN
I 3363 VILLAGE DRIVE SUITE 200
P FAYETTEVILLE NC 28304

B HEALTH INFUSION CORP
I TRACY BROWN
L 3363 VILLAGE DRIVE SUITE 200
L FAYETTEVILLE NC 28304

INVOICE

DAY | DIV | FRI 057 P

* * * * DUPLICATE * *

INVOICE NO. INV DATE
057-241136 07/15/94
ACCOUNT NO. CUST DEA #
057-073163 BH3412208

QTY	DESCRIPTION	CL	CD	ITEM NO	AWP	COST	INV RATE	UNIT PRICE	EXTENSION
	PURCHASE ORDER NO. - 9379								
	ORDER DATE 07/14/94 TIME 5.41.26 PM								
	* * * PICKING NUMBER - 215447 * * *								
1	VANCOMYCIN 1GM F/T FTV	10	RXQ	156-372	60.44	67.98	2.00	69.34	69.34

CL } RC - BEHIND THE COUNTER
C2 - CONTROLLED SUBSTANCE - CLASS 2
C3 - CONTROLLED SUBSTANCE - CLASS 3
C4 - CONTROLLED SUBSTANCE - CLASS 4
C5 - CONTROLLED SUBSTANCE - CLASS 5
GM - GENERAL MERCHANDISE
HB - HEALTH AND BEAUTY AIDS
MS - MEDICAL SUPPLIES
OT - OVER THE COUNTER MEDICATION
RX - PRESCRIPTION DRUGS

CD } B - BEST PRICE
E - FREE GOODS
F - TAX FREE TO CONSUMER

N - NET ITEM
P - PRICE CHANGE
Q - CONTRACT ITEM

R - PROGRAM PRICE
S - SPECIAL PRICE
T - RETAIL TAX

W - WHOLESALE TAX
Z - SUPERNET ITEM

C11

PURCHASES 1ST THRU 15TH DUE BY 25TH OF SAME MONTH;
16TH THRU EOM DUE BY 10TH OF FOLLOWING MONTH.

69.34
DUE 07/25/94

Page No. 62
06/12/95

ID NC-O-05

DATE	TYPE	INV NDC	DESCRIPTION	IND	QTY	PRICE
08/19/94	W	00069265041	Procardia XL (Nifedipine) Extended Relea	S	100.00	106.25
08/19/94	W	00003056902	PROLIXIN	I	1.00	15.46
08/19/94	W	0034022201	PROMETH 25MG	N	100.00	15.20
08/19/94	W	00641149535	PROMETHAZINE HYDROCHLORIDE INJECTION USP	N	25.00	9.20
08/19/94	W	00364075601	Propranolol Tabs	N	100.00	0.69
08/19/94	W	50458043001	PROPULSID U.D.	S	100.00	55.35
08/19/94	W	00006007228	PROSCAR 5MG TABLET 100UD	S	100.00	151.78
08/19/94	W	50458033006	RISPERDAL 3MG	S	60.00	198.67
08/19/94	W	00031789011	ROBINUL INJECTABLE VIALS NDA-17-558	I	25.00	5.54
08/19/94	W	00004196405	ROCEPHIN ADD-VANTAGE 1GM (CEFTRIAXONE SO	S	10.00	245.26
08/19/94	W	00004196401	ROCEPHIN 1 GM 10 X 10 ML VIAL (CEFTRIAXO	S	10.00	242.22
08/19/94	W	00081085695	SEPTRA (TRIMETHOPRIM	N	10.00	10.07
08/19/94	W	00173046700	SEREVENT INHALATION AEROSOL 60 DOSE	S	10.00	25.11
08/19/94	W	00074488825	SODIUM CHL 0.9% INJ USP 10ML FLIPTOP VIA	N	25.00	4.78
08/19/94	W	00074488825	SODIUM CHL 0.9% INJ USP 10ML FLIPTOP VIA	N	25.00	4.78
08/19/94	W	00009011313	SOLU-MEDROL S.P. 40 MG AOV	I	25.00	18.62
08/19/94	W	00781159913	SPIRONOLACTONE 25MG	N	100.00	3.94
08/19/94	W	00048210070	SSD (1% SILVER SULFADIAZINE) CREAM 400 G	I	400.00	10.57
08/19/94	W	00048113003	SYNTHROID (LEVOTHYROXINE SODIUM) TABLETS	N	100.00	20.08
08/19/94	W	00002729110	TAZIDIME	N	10.00	177.24
08/19/94	W	58887005232	TEGRETOL (CARBAMAZEPINE)	I	100.00	10.19
08/19/94	W	00641061025	THIAMINE HYDROCHLORIDE INJECTION USP	N	25.00	13.01
08/19/94	W	00053710001	THROMBINAR	B	1.00	2.52
08/19/94	W	00033043153	TICLID 250MG (TICLOPIDINE HCL)	S	100.00	114.48
08/19/94	W	00029657140	TIMENTIN (TICARCILLIN	S	10.00	102.86
08/19/94	W	00003272510	TOBRAMYCIN SULFATE INJECTION 40 MG/ML	N	25.00	70.20
08/19/94	W	00033244450	TORADOL IM (TUBEX) (KETOROLAC TROMETHAMI	S	10.00	67.51
08/19/94	W	00033243450	TORADOL IM (TUBEX) (KETOROLAC TROMETHAMI	S	10.00	64.38
08/19/94	W	57267090230	TRANSDERM NITRO (NITROGLYCERIN)	N	100.00	0.01
08/19/94	W	00083434504	TRANSDERM SCOP (SCOPOLAMINE)	S	100.00	37.68
08/19/94	W	23317030115	TRIAMCINOLONE ACETONIDE 0.1% CREAM	N	15.00	0.81
08/19/94	W	51079027261	TRIAMCINOLONE ACETON	N	15.00	0.87
08/19/94	W	00003173745	TRIMOX 125	N	150.00	1.26
08/19/94	W	00003010151	TRIMOX 250	N	100.00	8.08
08/19/94	W	00003173845	TRIMOX 250	N	150.00	1.68
08/19/94	W	00049003283	Unasyn (Ampicillin Sodium/sulbactam sodi	S	10.00	99.68
08/19/94	W	00049003183	Unasyn (Ampicillin Sodium/sulbactam sodi	S	10.00	54.28
08/19/94	W	00034700480	UNIPHYL 400MG TABLETS	N	100.00	52.46
08/19/94	W	00074653501	VANCOMYCIN HCH 1GMADVANTAGE VIAL STERIL	N	10.00	60.39
08/19/94	W	00074653501	VANCOMYCIN HCH 1GMADVANTAGE VIAL STERIL	N	10.00	60.39
08/19/94	W	00074653401	VANCOMYCIN HCL 500MG ADVANTAGE VIALSTER	N	10.00	30.20
08/19/94	W	00006071268	VASOTEC 5MG TABLET 100	S	100.00	63.41
08/19/94	W	00006071228	VASOTEC 5MG TABLET 100UD	S	100.00	66.05
08/19/94	W	00006071368	VASOTEC 10MG TABLET 100	S	100.00	66.59
08/19/94	W	00006071328	VASOTEC 10MG TABLET 100UD	S	100.00	69.22
08/19/94	W	00006001428	VASOTEC 2.5MG TABLET 100UD	S	100.00	52.55
08/19/94	W	00074488720	WATER INJ 20ML	N	25.00	6.17
08/19/94	W	00008012101	WYDASE LYOPHILIZED NDA-60-343	S	1.00	5.31
08/19/94	W	00186035601	10% XYLOCAINE ORAL SPRAY (LIDOCAINE)	S	30.00	27.99
08/19/94	W	00186061101	XYLOCAINE 2% SOLUTION	I	10.00	13.39
08/19/94	W	00173034442	ZANTAC TABLET 150MG 60'S BOTTLE	S	60.00	61.76
08/19/94	W	00173036238	ZANTAC INJECTION 25MG/ML 2ML 10'S	S	10.00	22.61
08/19/94	W	00005323423	ZIAC BISOPROLOL FUMARATE/HYDROCHLORTHIAZ	S	100.00	67.97
08/19/94	W	00173044200	ZOFRAN INJECTION MULTI DOSE 20ML VIAL	S	20.00	172.30

HHD015-1151



88DC - CHARLOTTE
11107-P SOUTH COMMERCE BLVD
CHARLOTTE NC 28273
704 587-6600 DEA# RD0185478

DAY	DIV	RTE	STP
FRI	077	03	010

P.O. BOX 411489
CHARLOTTE NC 28241-1189

NC 28053-1747

~~077-075408 AG3171939~~

[illegible]

TERMS OF SALE AND CLAIMS ON REVERSE SIDE

Page No. 72
06/12/95

ID NE-O-11

DATE	TYPE	INV NDC	DESCRIPTION	IND	QTY	PRICE
05/04/94	W	00277017401	RESPIRE-60 SR CAPSULES	N	100.00	26.18
05/04/94	W	00062057546	RETIN-A GEL .01% 45 GM TUBE	S	45.00	35.56
05/04/94	W	00031740994	ROBAXIN INJ VIAL NDA-11-790	I	25.00	31.69
05/04/94	W	00074578216	RONDEC SYRUP CARBINO	N	480.00	25.82
05/04/94	W	00044502202	RYTHMOL	S	100.00	67.24
05/04/94	W	00078018103	SANDOSTATIN AMPS .1MG	S	20.00	133.24
05/04/94	W	00078018425	SANDOSTATIN MULTI-DOSE VIAL 1000MCG/ML	S	5.00	352.96
05/04/94	W	00075030000	SLO-BID	N	100.00	6.27
05/04/94	W	00074196607	SOD CHL INJ 30ML	N	25.00	5.38
05/04/94	W	00603576621	SPIRONOLACTONE 25MG TAB	N	100.00	3.37
05/04/94	W	00005389840	SUPRAX ORAL SUSP 50ML	S	50.00	22.34
05/04/94	W	00008413201	SURMONTIL 25MG CAP NDA-16-792	I	100.00	45.19
05/04/94	W	00008415801	SURMONTIL 100MG CAP NDA-16-792	I	100.00	107.50
05/04/94	W	00173043200	TEMOVATE SCALP APPLICATION 25ML	S	25.00	16.48
05/04/94	W	00310010110	TENORMIN 100MG 100TB BTL	S	100.00	104.88
05/04/94	W	00008034101	TET DIP TOXOID	G	10.00	19.33
05/04/94	W	00065064705	TOBRADEX	S	5.00	15.53
05/04/94	W	00074459201	TRACE METALS 5ML	N	25.00	34.46
05/04/94	W	00168000680	TRIAM ACET 0.1% OINT 80G	N	80.00	1.99
05/04/94	W	00590009066	TRIDIL	B	20.00	26.16
05/04/94	W	00574722210	TRIMETHOBENZAMIDE SUPPOSITORIES	N	10.00	2.02
05/04/94	W	11793752201	TUBERSOL	B	1.00	9.36
05/04/94	W	11793752202	TUBERSOL	B	5.00	19.21
05/04/94	W	00074653301	VANCOMYCIN 1GM FT	N	10.00	135.81
05/04/94	W	00074433201	VANCOMYCIN 500MG	N	10.00	68.41
05/04/94	W	00006071228	VASOTEC 5MG TABLET 100UD	S	100.00	66.08
05/04/94	W	00006071368	VASOTEC 10MG TABLET 100	S	100.00	66.62
05/04/94	W	00006071328	VASOTEC 10MG TABLET 100UD	S	100.00	69.24
05/04/94	W	00015309520	VEPESID	S	5.00	84.40
05/04/94	W	00186023503	XYLOCAINE 4% SOLUTION	I	10.00	43.36
05/04/94	W	00186024213	XYLOCAINE HCL 2% SOLUTION	I	10.00	15.14
05/04/94	W	00186012501	XYLOCAINE HCL 2% W/EPINEPHRINE 1:100,000	I	20.00	1.96
05/04/94	W	00173036238	ZANTAC INJECTION 25MG/ML 2ML 10'S	S	10.00	20.93
05/04/94	W	00173044200	ZOFRAN INJECTION MULTI DOSE 20ML VIAL	S	20.00	172.22
TT T					T	
					INVOICE TOTAL	9070.99 ✓
					PHARMACY TOTAL	9070.99

T- Traced to invoice and each
ID number, date, invoice type,
drug name and quantity was
correct unless changed.
6-14-95 CBY

✓- Verified math accuracy of
invoices' totals and amounts
agreed. 6-14-95 CBY

Enclosure C

Confidential

Pharmacy Information Form

Pharmacy Name: Regional West Medical Center Hospital Pharmacy

Address: 4021 Avenue B

Scottsbluff

NE 69361

Phone Number: (308) 630-1264

Contact Person: Donald Graham R.Ph.

Type of Pharmacy (Check Appropriate Block(s))

- | | |
|--------------------------------------|--|
| Independent Retail Pharmacy | <input type="checkbox"/> |
| Chain (four or more stores) Pharmacy | <input type="checkbox"/> |
| Other: | |
| Nursing Home Pharmacy | <input type="checkbox"/> |
| Hospital Outpatient Pharmacy | <input checked="" type="checkbox"/> (Inclusive with Inpatient) |
| Home I.V. Pharmacy | <input type="checkbox"/> |
| Mail Order Pharmacy | <input type="checkbox"/> |
| County Public Health Unit Pharmacy | <input type="checkbox"/> |
| Public Health Entity | <input type="checkbox"/> |

***WE USE THE PRIME VENDOR CONCEPT AND AS A RESULT HAVE ONLY A SINGLE DISTRIBUTOR

WHITMIRE DIST CORP- DENVER
4770 (U) FOREST STREET 80216
DENVER, CO
(303)355-2731
DEA# RW0192017 05/31/94



REMIT TO: WHITMIRE DIST CORP- DENVER

Invoice

PAGE: 10
ALL CLAIMS FOR DAMAGE OR
SHORTAGES MUST BE REPORT-
ED WITHIN 28 HOURS. INVOICE
NUMBER REQUIRED.

DENVER, CO 80256-0442

REGIONAL WEST MEDICAL CENTER
ATTN: PHARMACY DEPT. SAT BO
4021 AVENUE B A6001

REGIONAL WEST MEDICAL CENTER
ATTN: PHARMACY DEPT SAT BO
-4021 AVENUE B A6001

SCOTTISBLUFF
INVOICE NUMBER NE 69361

SCOTTISBLUFF
SPECIAL INSTRUCTIONS

CUSTOMER ACCT NO
CUSTOMER PO. NO
CUSTOMER DEA NO
05/04/94 572183 211133
AW3981239 0095
05/31/96 9589

WE-TU DUE NXT WE
DUE DATE 05/17/94
CHANGE

QUANTITY	UNIT	DESCRIPTION	ITEM NUMBER	CLASS	SUGGESTED RETAIL	UNIT PRICE	EXTENSION	% DISCOUNT	CODE
3 EA		TRIAMCINOLONE ACETON OINT 0.1 % 80 GM	126039	L	5.10	1.99	5.97		B
1 EA		NDC# 000168000880							
1 EA		TRIDIL	116181	L	225.00	26.16	26.16		B
1 EA		NDC# 000590000066							
1 EA		TRIMETHOBENZAMIDE	859133	L	5.85	2.02	2.02		B
4 EA		NDC# 000574722210							
4 EA		TUBERSOL 10 TEST	445940	L	11.17	9.36	37.44		B
20 EA		NDC# 011793752201							
20 EA		TUBERSOL 50 TEST	445959	L	22.91	19.21	384.20		B
6 EA		NDC# 011793752202							
6 EA		VANCOMYCIN FLPTP	604712	L	516.06	135.81	814.86		B
6 EA		NDC# 000074653301							
6 EA		VANCOMYCIN FLPTP	604704	L	259.85	68.41	410.46		B
1 EA		NDC# 000074433201							
1 EA		VASOTEC	368431	L	91.87	66.08	66.08		B
4 EA		NDC# 000006071228							
4 EA		VASOTEC	368458	L	92.62	66.62	266.48		B
1 EA		NDC# 000006071368							
1 EA		VASOTEC	368466	L	96.27	69.24	69.24		B
10 EA		NDC# 000006071328							
10 EA		VEPESID NON RTN VHA+	868434	L	131.03	84.40	844.00		B
1 EA		NDC# 000015309530							
1 EA		XYLOCAINE	007366	L	56.60	43.36	43.36		B
1 EA		NDC# 000186023503							

INVOICE TOTAL
CONTINUED

DISC. AMOUNT

B - BID
S - SPECIAL
NR - NON-REBATEABLE

ID	DATE	TYPE INV.	NDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
VA-O-3	06/30/94	W	00074488825	G	SOD CHL FTV 0.9% 10ML ABB 25	350	1.36	
VA-O-3	06/30/94	W	00015321430	B	DEPOT PARAPLATIN SDV 150MG 20ML	1	189.60	
VA-O-3	06/30/94	W	00071425940	B	BENADRYL SYR 50MG 1ML 10	10	14.21	
VA-O-3	06/30/94	W	00364246533	G	CEFAZOL VL 1GM 10ML SCHE 10	10	13.07	
VA-O-3	06/30/94	W	00641039525	G	GENTAMIC VL 80MG 2ML E/S 25	25	7.60	
VA-O-3	06/30/94	W	006411233143	C	GENTAMIC MDV 8CMG 20ML E/S 10	10	8.41	
VA-O-3	06/30/94	W	00074653301	G	VANCOMY FTV 1GM ABB 6533-01&	10	65.85	
VA-O-3	06/30/94	W	00364246693	G	CEFAZOL PBV 10GM 1CML SCHE 10	1000	105.86	
VA-O-3	06/30/94	W	00074196607	G	SOD CHL BAC FTV .9% 30ML AB 25	750	4.56	
VA-O-3	06/30/94	W	00364653056	G	DIPHENHYD VL 300MG SCHE 30ML	30	2.68	
VA-O-3	06/30/94	W	00268030101	B	EPIPEN 0.3MG AUTO-INJECTOR	0.3	24.92	
VA-O-3	06/30/94	W	00074115278	G	HEPAR L/S FTV 3MU 30ML ABB 25	750	9.92	
VA-O-3	06/30/94	W	00205464694	G	LEUCOVOR VL IMM 100MG	100	4.81	
VA-O-3	06/30/94	W	00205464577	G	LEUCOVOR VL 350MG IMM 1	1	20.01	
VA-O-3	06/30/94	W	00074488820	G	SOD CHL FTV 0.9% 20ML ABB 25	500	5.57	
VA-O-3	06/30/94	W	00173044200	B	ZOFTRAN MDV 40MG 20ML	20	181.30	
VA-O-3	06/30/94	W	00268030201	B	EPIPEN JR 0.15MG AUTO INJECTOR	0.15	24.92	
VA-O-3	06/30/94	W	55513034810	B	NEUPOGEN SDV 480MCG 1.6ML 10	10	1862.91	
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV UNIT-VIAL CT25	250	31.15	
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV UNIT-VIAL CT25	250	31.15	
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV UNIT-VIAL CT25	250	31.15	
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV UNIT-VIAL CT25	250	31.15	
VA-O-3	06/30/94	W	00548652400	G	CALC GLUC VL 10% 100ML IMS 12	1200	23.70	
VA-O-3	06/30/94	W	00074339702	B	CENOLATE AMP 1MMG 2ML ABB 10	200	50.65	
VA-O-3	06/30/94	W	00074405101	G	CLINDAMY VL 600MG 4ML ABB 25	100	43.46	
VA-O-3	06/30/94	W	00074419701	G	CLINDAMY VL 900MG ABB 60ML	60	22.59	
VA-O-3	06/30/94	W	00033290348	B	CYTOVENE PWD VIAL 500MG 25	25	734.43	
VA-O-3	06/30/94	W	00268030101	B	EPIPEN 0.3MG AUTO-INJECTOR	0.3	24.92	
VA-O-3	06/30/94	W	00186190601	B	FOSCAVIR VL 24MG ASTR 500ML 12	6000	1404.87	
VA-O-3	06/30/94	W	00074115178	G	HEPAR L/S FTV 3CU 30ML ABB 25	750	6.87	
VA-O-3	06/30/94	W	00074115270	G	HEPAR L/S FTV 1CU 10ML ABB 25	250	9.92	
VA-O-3	06/30/94	W	00205464577	G	LEUCOVOR VL 350MG IMM 1	1	20.01	
VA-O-3	06/30/94	W	00517021025	G	MULTITRACE 2 CONC 10ML A/R 25	250	42.55	
VA-O-3	06/30/94	W	55513034710	B	NEUPOGEN SDV 300MCG 1ML 10	10	1170.02	
VA-O-3	06/30/94	W	55513034810	B	NEUPOGEN SDV 480MCG 1.6ML 10	16	1862.91	
VA-O-3	06/30/94	W	58178002050	B	NEUTREXIN VIAL 25MG 50	50	1722.10	
VA-O-3	06/30/94	W	00015321530	B	DEPOT PARAPLATIN SDV 450MG 1CML	100	568.82	
VA-O-3	06/30/94	W	00015321330	B	PARAPLATIN SDV 50MG 10ML	10	63.21	

HHD015-2519

F

ID	DATE	TYPE INV.	NDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
VA-O-3 T	06/30/94	W t	00003073531 t ∞	G	PENICIL-G POT VL 20MU SQ 10 t	10 t	34.41 t	
VA-O-3	06/30/94	W	00074665305	G	POT CHL FTV 40MEQ 20ML ABB 25	500 ✓	5.07	
VA-O-3	06/30/94	W	00074729501	G	POT PHOS FTV 45MMP 15ML ABB 25	375 ✓	8.47	
VA-O-3	06/30/94	W	59676031001	B	DEPOT PROCRIT VL 10000U IML 6	6 t	519.67	
VA-O-3	06/30/94	W	59676030301	B	DEPOT PROCRIT VL 3000U IML 6	6 ↓	164.11	
VA-O-3	06/30/94	W	00074329905	G	SOD ACE FTV 1CMEQ 50ML ABB 25	1250 ✓	21.53	
VA-O-3	06/30/94	W	00074329906	G	SOD ACE FTV 2CMEQ 1CML ABB 25	2500 ✓	43.05	
VA-O-3	06/30/94	W	00074196607	G	SOD CHL BAC FTV .9% 30ML AB 25	750 ✓	4.56	
VA-O-3	06/30/94	W	00074488825	G	SOD CHL FTV 0.9% 10ML ABB 25	250 ✓	4.36	
VA-O-3	06/30/94	W	00074114101	G	SOD CHL FTV 23.4% 50ML ABB 25	1250 ✓	12.66	
VA-O-3	06/30/94	W	00074113002	G	SOD CHL SOL 23.4% 250ML ABB 12	3000 ✓	30.39	
VA-O-3	06/30/94	W	00074653301	G	VANCOMY FTV 1GM ABB 6533-01& * 10's	10 t	65.85	
VA-O-3	06/30/94	W	00074650901	G	VANCOMYCIN VIAL 5GM BULK ABB 1	1 ↓	32.29	
VA-O-3	06/30/94	W	00517611025	G	ZINC SUL SDV 10MG 10ML A/R 25	250 ✓	7.98	
VA-O-3	06/30/94	W	00173044200	B	ZOFRAN MDV 40MG 20ML	20 t	181.30	11581.89 ✓

Ⓟ = see p. 1

T = Traced to envelope

t = traced to invoice

∞ = verified to mekemon data file by DESCRIPTION

* = additional data added from invoice

X = erroneous entry; correction as shown

✓ = verified calculation

UNC 4/25/95

NOTE: all changes / corrections made to file 0315. WQL. UNC 4/25/95

089755



4501 CAROLINA AVE-F
RICHMOND, VA 23222
PHONE (804) 228-2800

SHIP TO

JUL 26 1994

DEA NO. RF0105091

SOLD TO

MARK STONE 006C
701 CONCORD AVE
HARTILLY VA 22021

125-001

CARET
JUL 27 1994

COPY TO CUSTOMER SERVICE
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CLOSED FOR JULY 4TH-NO MON DELIVERIES-REG DELIVERIES ON TUES

AME037 BC1452692 06/30/94

003223 6C-07213

LINE NO	DEPT	ITEM NO	NDC/UPC NO	QTY	U/S	DESCRIPTION	CODE	DEA	LIST/RETAIL	UNIT COST	OF	EXTENDED
1	103	8/1 013000	00074400029	00T	SODIUM CHL INJ .7% VOF	25X10ML PO			4.47	4.36	64.4	34.4
2	103	23/1 723408	00015321439	10EA	PARAPLATIN INJ 150MG ODV	18 P			225.51	109.60	15.9	1096.4
3	103	43/1 065045	00071425940	15CT	BENADRYL DISP 50MG 50MG 10X10ML P				1.69	14.21	15.9	213.1
3	103	25/1 106294	0004240533	4CT	CEFAZOLIN INJ 1GM SCH 10X10ML PO				3.90	13.07	77.9	52.2
3	103	24/1 024281	00041039325	2CT	GENTAMICIN INJ 40MG/ML ES 25X20ML PO				1.04	7.60	70.8	15.2
3	103	21/1 315010	00041233143	3CT	GENTAMICIN INJ 40MG VL ES 10X20ML PO				10.41	8.41	91.9	25.2
3	103	28/1 377020	00074603301	1CT	VANCOMYCIN 1GM FLIP TP VIAL	250 PO			17.73	65.03	62.9	65.01
4	103	26/1 1406577	00364246693	4CT	CEFAZOLIN INJ 1000 SCH 10X100ML PO				50.00	105.06	81.8	423.4
4	103	1/1 031930	00074190607	1CT	SODIUM CHL INJ .9% DACT 25X20ML PO				.55	4.56	66.8	4.51
5	103	44/1 154393	00364653056	30EA	DIPHENHYDRAMINE INJ 10MG SCH 30ML PO				4.75	2.68	43.6	80.41
5	103	32/1 525725	00050030101	6EA	EPIPEN AUTO INJECTOR	3MG P			29.54	24.92	15.6	149.51
5	103	7/1 210210	00074119270	10T	HEPARIN LOK FLON 100U ADDENDUM PO				.93	9.92	57.3	9.92
5	103	41/1 539312	00205464694	30EA	LEUCOVORIN CALC INJ 100MG VL LED PO				39.41	4.81	87.8	144.30
5	103	42/1 533257	00205464677	30EA	LEUCOVORIN CALC INJ 100MG VL LED 10 PO				127.94	20.41	85.5	1000.50
5	103	9/1 447235	00074400020	1CT	SODIUM CHL .7% VL ADD 25X20ML PO				.60	5.57	67.2	5.57
5	103	45/1 516305	00173044200	20EA	ZOPRAN INJ	CLX 50ML PO			214.05	181.30	15.4	2006.00
6	103	51/1 580403	00260030201	15EA	EPIPEN AUTO INJECTOR JR	15MG P			29.54	24.92	15.6	373.00
7	103	57/1 343707	00012034010	2CT	NEUPROGEN 300MG/ML VL	1000 CHL P			206.00	1062.01	17.4	3702.02
8	103	46/1 705046	00106119935	10CT	N V 2 10 UNIT VIAL ODV	ACT 250 PO			2.60	31.12	53.2	511.50
9	103	46/1 705046	00106119935	10CT	N V 2 10 UNIT VIAL ODV	ACT 250 PO			2.60	31.12	53.2	511.50
10	103	46/1 705046	00106119935	10CT	N V 2 10 UNIT VIAL ODV	ACT 250 PO			2.60	31.12	53.2	511.50

* = Not listed in 1994 Red Book

HHD015-2521

007755

DEA NO. RF0183896

4501 CAROLINA AVE-F
RICHMOND, VA. 23222
PHONE (804) 228-2800

CAREMARK BRANCH 006C
3701 CONCORD PKY ST0800
CHANTILLY VA 22021

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ANE037 DC1452692 06/30/94

003223 6C-07213

BOX NO	DEPT	ITEM NO	WDC/UPC NO	QTY U/S	DESCRIPTION	CODE	DEA	LIST/RETAIL	UNIT COST	G.P.A.	EXTENDED A
11	103	705046	00186119938	10CT	N V I 12 UNIT VIAL SDV	AST 250 P	R	3.44	31.15	53.8	311.84
00	103	091504	00540652400	20CT	CALCIUM GLUC VL 10X INS 12X100ML P	100X2ML P	R	6.86	23.70	71.2	474.84
00	103	603100	00074339702	1CS	CENOLATE AMP 1GM	100X2ML P	R	62.50	50.65	19.0	50.65
00	103	401552	00074405101	2CT	CLINDAMYCIN 600MG SDV ADD 25X4ML P			4.40	43.46	61.2	106.92
00	103	332346	00074419701	1SEA	CLINDAMYCIN 9GM VL	ADD 60ML P		59.57	22.59	62.1	338.05
00	103	300850	00033290340	40CT	CYTOVENE INJ 500MG STER FWD 250 P			34.81	734.43	15.629377.20	
00	103	536705	00060030101	2SEA	EPIDEN AUTO INJECTOR	3MG P		29.54	24.92	15.6	235.92
00	103	315119	00186190601	4CS	POSCAVIR IV 24MG/ML AST 12X500ML P			1731.10	1404.87	19.0	5619.48
00	103	526800	00074115170	10CT	HEPARIN LCK FLOW SOL 10U 25X30ML P			.80	8.87	55.7	88.70
00	103	202212	00074115270	14CT	HEPARIN LCK FLOW 100U ADD 25X30ML P			.82	9.08	57.3	138.82
00	103	533857	00065464577	10SEA	LEUCOVORIN 0ALG INJ 250MG	LED 10 P		137.94	29.01	87.5	2001.54
00	103	555540	00017021023	12CT	MULTITRACE S CONC MDV AR 25X10ML P			6.00	42.55	71.6	519.60
00	103	341529	55513034710	40CT	NEUPOGEN 300MG/ML VL	10X1ML P	R	141.00	1170.02	17.040000.00	
00	103	343707	55513034010	8CT	NEUPOGEN 300MG/ML VL	10X1.6ML P	R	206.00	1662.01	17.614003.20	
00	103	491225	50179002050	1CS	NEUTREXIN INJ 25MG	EX250 P		2125.00	1722.10	19.0	1722.10
00	103	725416	00015321530	10EA	PARAPLATIN INJ 450MG SDV	10 P		676.54	268.02	15.9	2408.20
00	103	725390	00015321330	20EA	PARAPLATIN INJ 50MG SDV	10 P		75.19	62.21	15.9	1294.20
00	103	071707	00003073531	5CT	PENICIL G POT INJ 200000IU 50100 P			7.50	34.41	54.6	172.05
00	103	150550	00074665305	20CT	POTASS CHL INJ 40MEB VL 25X20ML P			.83	5.07	75.6	101.40
00	103	339754	00074729201	20CT	POTASS PHOS 45MM FLIPTOP 25X15ML P			1.39	8.47	75.6	109.40
00	103	1407091	57670911001	10CT	PROCRIT 100000U/ML VL	4X1ML P	R	114.05	519.67	24.1	514.72

HHD015-2522

009755

DEA NO. RF01851

4501 CAROLINA AVE-F
RICHMOND, VA 23222
PHONE (804) 228-2000

CAREMARK BRANCH 006C
3701 CONCORD PKY ST0000
CHANTILLY VA 22021

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ANE037 BC1452692 06/30/94

003223 0C-07213

DEPT.	ITEM NO	DOC/UPC NO	QTY	U/S	DESCRIPTION	CODE	DEA	UNIT/RETAIL	UNIT COST	G.P.	EXTEND
00	103 34/1405896	59878039301	8CT		PROCRIT 3000U/ML VL	6X1ML	PO	R	38.02	164.11	24.1 1312
00	103 4/1 009274	00074329905	5CT		SODIUM ACETATE 2MEQ/ML	25X50ML	PO		4.11	21.53	79.1 107
00	103 5/1 009522	00074329906	10CT		SODIUM ACETATE 2MEQ/ML	25X100ML	PO		3.83	43.05	55.0 430
00	103 6/1 021930	00074106607	112CT		SODIUM CHL INJ .07 DACT	25X30ML	PO		.55	4.56	64.8 510
00	103 7/1 013880	00074400025	32CT		SODIUM CHL INJ .07 USP	25X10ML	PO		.49	4.36	64.4 139
00	103 8/1 070645	00074114101	10CT		SODIUM CHL 23.4 XPLTP	ADD25X50ML	PO		2.83	12.66	82.1 126
00	103 7/1 1319517	00074113002	2CS		SODIUM CHL 23.4X	ADD12X250ML	PO		93.60	30.39	67.5 60
00	103 33/1 277020	00074653301	10CT		VANCOMYCIN 100 FLIPTP	VIAL 100	PO		17.73	65.05	62.9 650
00	103 39/1 013342	00074650901	100EA		VANCOMYCIN 500 BLK VL	ADD 10	PO		53.02	32.29	40.0 3229
00	103 15/1 1454900	00517611025	4CT		ZINC SUL INJ	AR 25X10ML	PO		2.65	7.90	88.0 31.1
00	103 14/1 510305	00173044200	40EA		ZOPRAN INJ	BLK 20ML	PO		214.05	101.30	15.0 7258.4
					400001 VIRGINIA ST TAX	.00 RX	*				.0
					400143 HENRICO CO TAX	.00 RX	*				.0

HHD015-2523